

P16000079342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

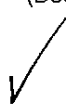
☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies



Certificates of Status

Special Instructions to Filing Officer:

Spoke with Sharon Robinson  
on 6/21/17 to make corrections  
to the amendment form, which she  
approved.

sf

Office Use Only



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10/14/16--01012--009 \*\*43.05

S TALLENT

JUN 21 2017

FILED

17 JUN 21 AM 10:34

SECRETARY OF STATE  
MAIL ADDRESS 9108107

Amend  
N/C



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2016

SHAKIRA ROBERSON  
P.O. BOX 222742  
WEST PALM BEACH, FL 33422

SUBJECT: MARIE ROBERSON ENTERPRISES, INC.  
Ref. Number: P16000079342

We have received your document for MARIE ROBERSON ENTERPRISES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please check only ONE box regarding the adoption of amendment.

The registered address of agent is different in the Article of Amendment and the statement of Change.

The print and info on page 2 of 4 is not legible or acceptable for filing. Please retype or print this page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 316A00022422

## COVER LETTER

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Marie Roberson Enterprises, Inc.

DOCUMENT NUMBER: PI60000793-42

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shakira R. Roberson

Name of Contact Person

A+ Home Care Agency, Inc.

Firm/ Company

P.O. Box 222742

Address

West Palm Beach, FL 33422

City' State and Zip Code

info@albritecs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shakira R. Roberson 561 436-8725  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ \$35 Filing Fee     
 ☐ \$43.75 Filing Fee & Certificate of Status     
 ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     
 ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

(Name of Corporation as currently filed with the Florida Dept. of State)

Marie Roberson Enterprises, Inc. P16000079342

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

A + Home Care Agency, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

4482 Oak Terrace Dr.  
Greenacres, FL 33422

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 222742  
West Palm Beach, FL 33422

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent  
Shakira R. Roberson

4582 Oak Terrace DR.

(Florida street address)

New Registered Office Address: Greenacres, Florida 33463  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change      P T      Marie Roberson

☐ Add

☒ Remove

4482 Oak Terrace Dr.  
Greenacres, FL  
33463 US

2) ☒ Change      P VDT      Shakira R. Roberson

☐ Add

☐ Remove

4482 Oak Terrace  
Greenacres FL  
33463 US

3) ☐ Change      \_\_\_\_\_

☐ Add

☐ Remove

4) ☐ Change      \_\_\_\_\_

☐ Add

☐ Remove

5) ☐ Change      \_\_\_\_\_

☐ Add

☐ Remove

6) ☐ Change      \_\_\_\_\_

☐ Add

☐ Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(Attach additional sheets, if necessary). (Be specific)*

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**  
**provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: September 30, 2016 if other than the date this document was signed.

Effective date if applicable: September 30, 2016  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated September 30, 2016

Signature Shakira Roberson  
(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Shakira R. Roberson  
(Typed or printed name of person signing)

presently Vp  
(Title of person signing)